S-4628.1			

## SUBSTITUTE SENATE BILL 6225

\_\_\_\_\_\_

State of Washington 58th Legislature 2004 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Deccio, Keiser, Parlette, Winsley and Rasmussen)

READ FIRST TIME 02/09/04.

- 1 AN ACT Relating to boarding homes; amending RCW 18.20.020,
- 2 18.20.160, 18.20.290, 74.39A.009, 74.39A.020, and 70.129.110; adding
- 3 new sections to chapter 18.20 RCW; adding a new section to chapter
- 4 42.17 RCW; providing an effective date; and declaring an emergency.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 Sec. 1. RCW 18.20.020 and 2003 c 231 s 2 are each amended to read 7 as follows:
- 8 As used in this chapter:
- 9 (1) "Boarding home" means any home or other institution, however
- 10 named, which is advertised, announced, or maintained for the express or
- 11 implied purpose of providing ((board and)) housing and assuming general
- 12 responsibility for the safety and well-being of the residents,
- 13 consistent with RCW 18.20.280, and may also provide domiciliary care,
- 14 <u>consistent with this act</u>, to seven or more residents after July 1,
- 15 2000. However, a boarding home that is licensed ((to provide board and
- 16 domiciliary care to)) for three to six residents prior to or on July 1,
- 17 2000, may maintain its boarding home license as long as it is
- 18 continually licensed as a boarding home. "Boarding home" shall not
- 19 include facilities certified as group training homes pursuant to RCW

p. 1 SSB 6225

- 71A.22.040, nor any home, institution or section thereof which is otherwise licensed and regulated under the provisions of state law providing specifically for the licensing and regulation of such home, institution or section thereof. Nor shall it include any independent senior housing, independent living units in continuing care retirement communities, or other similar living situations including those subsidized by the department of housing and urban development.
  - (2) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association, and the legal successor thereof.

- (3) "Secretary" means the secretary of social and health services.
- 12 (4) "Department" means the state department of social and health services.
  - (5) "Resident's representative" means a person designated by a competent resident in writing to act in the resident's behalf and to receive information from the boarding home if a legal representative has not been appointed. The resident's representative may not be an employee of the boarding home.
  - (6) "Domiciliary care" means: Assistance with activities of daily living provided by the boarding home either directly or indirectly; or ((assuming general responsibility for the safety and well-being of the resident)) health support services, if provided directly or indirectly by the boarding home; or intermittent nursing services, if provided directly or indirectly by the boarding home. (("Domiciliary care" does not include general observation or preadmission assessment for the purposes of transitioning to a licensed care setting.
  - (6)) (7) "General responsibility for the safety and well-being of the resident" means the provision of the following: Meals; nutritious snacks; laundry; emergency assistance; activities; housekeeping services; monitoring of the resident; arranging health care appointments with outside health care providers; coordinating health care services with outside health care providers; assisting the resident to obtain and maintain glasses, hearing aids, dentures, canes, crutches, walkers, wheelchairs, and assistive communication devices; observation of resident for changes in overall functioning; responding appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning; and medication

1 <u>assistance as permitted under RCW 69.41.085 and as defined in RCW</u> 2 69.41.010.

(8) "General responsibility for the safety and well-being of the 3 resident" does not include: (a) Emergency assistance provided on an 4 5 intermittent or nonroutine basis to any nonresident individual; ((or)) systems or methods employed by independent senior housing, 6 independent living units in continuing care retirement communities, or 7 other similar living situations to monitor the well-being of 8 nonresident individuals; (c) blood pressure checks for nonresident 9 individuals; (d) nurse consultation services provided at the request of 10 a nonresident individual to determine whether referral to an outside 11 health care provider is recommended; (e) making health care 12 appointments at the request of nonresident individuals; (f) reminding 13 nonresident individuals of scheduled outside health care appointments; 14 (g) periodic observation or preadmission assessment for the purposes of 15 transitioning to a licensed care setting; or (h) services customarily 16 17 provided under landlord tenant agreements governed by the residential landlord-tenant act, chapter 59.18 RCW. ((Such services do not include 18 care or supervision.)) The preceding services that may be provided to 19 a nonresident individual may not include continual care or supervision 20 21 without a boarding home license.

((<del>(7)</del>)) (9) "Legal representative" means a person or persons identified in RCW 7.70.065 who may act on behalf of the resident pursuant to the scope of their legal authority. The legal representative shall not be an employee of the boarding home.

22

2324

2526

27

28

29

30

31

32

3334

35

3637

38

(10) "Nonresident individual" means a person who resides in independent senior housing, independent living units in continuing care retirement communities, or in other similar living environments or in a boarding home and does not receive the services listed in subsection (8) of this section under general responsibility for the safety and well-being of the resident, or domiciliary care as defined in this chapter directly or indirectly by the facility.

(11) "Resident" means an individual who(( $\div$  Lives in a boarding home, including those receiving respite care;)) is not related by blood or marriage to the operator of the boarding home(( $\div$ )), and by reason of age or disability, chooses to reside in the boarding home and receives the services listed under general responsibilities for the safety and well-being of the resident and may receive domiciliary care or respite

p. 3 SSB 6225

- 1 care provided ((either)) directly or indirectly by the boarding home
  2 and may receive hospice care through an outside provider when arranged
- 3 by the resident or the resident's legal representative.

- 4 <u>(12) "Resident applicant" means an individual who has completed and</u> 5 <u>signed an application for admission to a licensed boarding home.</u>
- 6 <u>NEW SECTION.</u> **Sec. 2.** A new section is added to chapter 18.20 RCW 7 to read as follows:
  - (1) A boarding home licensed under this chapter may provide domiciliary care services as defined in this chapter and shall disclose the level and scope of the care and services that it chooses to provide.
  - (2) The boarding home licensee shall disclose to the department, residents, the residents' legal representative if available, and if not, the residents' representative if available, and to interested consumers upon request, using the form developed and provided by the department or one that is substantially similar. The form that the department develops shall be standardized, reasonable in length, and easy to read. The boarding home's disclosure statement must also indicate whether it permits the resident or the resident's legal representative to independently arrange for outside services under section 10 of this act.
  - (3) If the boarding home licensee decreases the level or scope of services that it chooses to provide, the licensee shall provide a minimum of thirty days' notice to the department, residents, the residents' legal representative if available, and if not, the residents' representative if available, before the effective date of the decrease in the level or scope of care or services provided. If the boarding home licensee increases the level or scope of services that it chooses to provide, the licensee shall promptly provide notice to the department, residents, the residents' legal representative if available, and shall indicate the date on which the increase in the level or scope of care or services is effective.
  - (4) Notwithstanding RCW 70.129.110(3)(a), the disclosure of any services or care that a boarding home licensee offers to provide may include exceptions to allow the licensee to, on a limited basis, meet the needs of residents pending discharge. Providing care or services

to one or more residents on a limited basis, pending discharge, shall not be construed to mean that the licensee can or will reasonably accommodate other residents' similar needs throughout their boarding The licensee must otherwise reasonably accommodate a home stay. resident's needs when the resident's needs are within the scope and level of care or services that the licensee has disclosed. Reasonable accommodation of resident needs is not required when the accommodation fundamentally alters the nature or character of the scope or level of care or services provided by the licensee or when the accommodation would create an undue financial hardship to the licensee.

- (5) Even though the boarding home licensee may disclose that it can provide certain care or services to residents, resident applicants, the residents' legal representative if one exists, and if not, the residents' representative, the licensee may deny admission to a resident applicant or to discharge any resident when the licensee determines that the needs of the resident applicant or the resident cannot be met based upon the cumulative need for care or services of all residents or the medical complexity of the resident or the resident applicant.
- (6) Notwithstanding RCW 70.129.110 (1)(a) and (4)(a), the licensee shall provide notice of discharge to a resident as soon as reasonably practicable and may immediately discharge a resident when the licensee determines that it can no longer meet the residents' needs or when the resident requires care or services that are beyond those that the licensee disclosed at the time the resident was admitted, or as the disclosure of care and services may be amended thereafter. However, if the resident or resident's legal representative has independently arranged for outside services under section 10 of this act discharge of the resident will be as permitted by the licensee. The licensee and the resident otherwise retain all other rights of transfer and discharge under RCW 70.129.110. The department shall, at the request of the licensee, secure an alternative placement for a medicaid resident.
- NEW SECTION. Sec. 3. A new section is added to chapter 18.20 RCW to read as follows:
  - (1) A boarding home licensee may choose to provide minimal,

p. 5 SSB 6225

substantial, or total assistance in all of the following activities of daily living including the following:

(a) Bathing:

3

4

6 7

8

9

10

11

25

30

33

- (i) Minimal assistance. Oversight of the bathing activity or reminding is provided. Assistance or supervision is not provided but occasional reminding is provided. Standby assistance to aid in getting into or out of the tub or shower is provided.
- (ii) Substantial assistance. Significant assistance with part of the bathing activity, for example, to lather, wash and/or rinse the resident's hair or body is provided. Physical assistance into a tub or shower is provided.
- 12 (iii) Total assistance. Caregivers provide a complete bath.
- 13 (b) Dressing:
- 14 (i) Minimal assistance. Clothing is laid out. Reminding or occasional supervision is provided.
- 16 (ii) Substantial assistance. Some physical assistance in dressing 17 or undressing is provided frequently or most of the time.
- 18 (iii) Total assistance. Caregivers do all dressing and undressing.
- 19 (c) Eating:
- 20 (i) Minimal assistance. Assistance cutting or preparing food or 21 beverages for consumption is provided.
- 22 (ii) Substantial assistance. Standby assistance for occasional 23 gagging, choking, or swallowing difficulties is provided. Reminding or 24 assistance with adaptive feeding equipment is provided.
  - (iii) Total assistance. Caregivers feed some or all food.
- 26 (d) Personal Hygiene:
- 27 (i) Minimal assistance. Occasional reminding or supervision is 28 provided. Personal grooming items are set out. Occasional assistance 29 with both personal hygiene and grooming is provided.
  - (ii) Substantial assistance. Regular assistance is provided.
- 31 (iii) Total assistance. Caregivers provide all personal hygiene 32 and grooming.
  - (e) Transferring:
- 34 (i) Minimal assistance. Occasional verbal cuing or standby 35 assistance for transfers is provided.
- 36 (ii) Substantial assistance. Occasional light touch to guide or 37 steady in transferring is provided.

- 1 (iii) Total assistance. Physical assistance with some or all transfers is provided.
  - (f) Toileting:

11 12

18

19

2021

22

2324

25

26

27

- 4 (i) Minimal assistance. Reminding to toilet or to change a protective garment is provided.
- 6 (ii) Substantial assistance. Occasional assistance with parts of 7 the toileting tasks is provided.
- 8 (iii) Total assistance. Physical assistance to use the toilet on 9 a scheduled toileting or incontinence program is provided. Management 10 of a closed drainage system for a catheter or sheath is provided.
  - (g) Ambulation and Mobility:
  - (i) Minimal assistance. Occasional verbal cuing is provided.
- 13 (ii) Substantial assistance. Occasional standby assistance or 14 light touch assistance to guide or steady during ambulation or mobility 15 is provided.
- 16 (iii) Total assistance. Physical assistance of a caregiver is 17 required for mobility.
  - (2) Boarding homes are not required to provide assistance with activities of daily living. When a boarding home licensee selects the level of assistance that will be provided to residents, minimal, substantial, or total, the level of assistance selected shall apply to all activities of daily living, for example, if the licensee chooses to provide substantial assistance, then substantial assistance must be available to assist residents with bathing, dressing, eating, personal hygiene, transferring, toileting, and ambulation and mobility. However, the activities of daily living assistance provided to a resident shall be consistent with RCW 18.20.280.
- 28 (3) The licensee shall clarify, through the disclosure form, any 29 limitations, additional services, or conditions that may apply under 30 this section.
- 31 (4) In providing assistance with activities of daily living, the 32 boarding home shall observe the resident for changes in overall 33 functioning and respond appropriately when there are observable or 34 reported changes in the resident's physical, mental, or emotional 35 functioning.
- 36 <u>NEW SECTION.</u> **Sec. 4.** A new section is added to chapter 18.20 RCW 37 to read as follows:

p. 7 SSB 6225

- 1 (1) Boarding homes are not required to provide any health support 2 services. The boarding home licensee may choose to provide any of the 3 following health support services:
  - (a) Blood glucose testing;
- 5 (b) Low sodium diets;
  - (c) General diabetic diets;
- 7 (d) Puree diets;

6

9

26

28

30

- 8 (e) Mechanical soft foods;
  - (f) Calorie controlled diabetic diets;
- 10 (g) Directing or redirecting behaviors; and
- 11 (h) Supervising behaviors.
- 12 (2) The licensee shall clarify on the disclosure form any 13 limitations, additional services, or conditions that may apply under 14 this section.
- 15 (3) In providing health support services, the boarding home shall 16 observe the resident for changes in overall functioning and respond 17 appropriately when there are observable or reported changes in the 18 resident's physical, mental, or emotional functioning.
- 19 <u>NEW SECTION.</u> **Sec. 5.** A new section is added to chapter 18.20 RCW 20 to read as follows:
- 21 (1) Boarding homes are not required to provide intermittent nursing 22 services. The boarding home licensee may choose to provide any of the 23 following intermittent nursing services through appropriately licensed 24 and credentialed staff, and the licensee shall clarify, through 25 disclosure, any limitations, additional services, or conditions:
  - (a) Assistance with treatments;
- 27 (b) Medication administration;
  - (c) Administration of health care treatments;
- 29 (d) Blood glucose monitoring;
  - (e) Ostomy care; and
- 31 (f) Tube feeding.
- 32 (2) The licensee shall clarify on the disclosure form any 33 limitations, additional services, or conditions that may apply under 34 this section.
- 35 (3) In providing intermittent nursing services, the boarding home 36 shall observe the resident for changes in overall functioning and

- respond appropriately when there are observable or reported changes in the resident's physical, mental, or emotional functioning.
- 3 (4) The boarding home may provide intermittent nursing services to 4 the extent permitted by RCW 18.20.160.
- 5 <u>NEW SECTION.</u> **Sec. 6.** A new section is added to chapter 18.20 RCW 6 to read as follows:

- (1) A boarding home licensee may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance to the resident. The licensee shall disclose to the department, residents, the residents' legal representative if available, and if not, the resident's representative if available, and to interested consumers upon request, information describing whether the licensee permits such family administration or assistance and, if so, the extent of limitations or conditions thereof.
- (2) If a boarding home licensee permits a resident's family member to administer medications or treatments or to provide medication or treatment assistance, the licensee shall request that the family member submit to the licensee a written medication or treatment plan. At a minimum, the written medication or treatment plan shall identify:
- (a) By name, the family member who will administer the medication or treatment or provide assistance therewith;
  - (b) The medication or treatment administration or assistance that the family member will provide consistent with subsection (1) of this section. This will be referred to as the primary plan;
  - (c) An alternate plan that will meet the resident's medication or treatment needs if the family member is unable to fulfill his or her duties as specified in the primary plan; and
  - (d) An emergency contact person and telephone number if the boarding home licensee observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan.
  - (3) The boarding home licensee may require that the primary or alternate medication or treatment plan include other information in addition to that specified in subsection (2) of this section.
- 35 (4) The medication or treatment plan shall be signed and dated by 36 the resident, if able, the resident's family member, and the boarding 37 home licensee.

p. 9 SSB 6225

- 1 (5) The boarding home may through policy or procedure require the 2 resident's family member to immediately notify the boarding home 3 licensee of any change in the primary or alternate medication or 4 treatment plan.
- (6) When a boarding home licensee permits residents' family members 5 to assist with or administer medications or treatments, the licensee's 6 7 duty of care, and any negligence that may be attributed thereto, shall Observation of the resident for changes in overall 8 functioning consistent with RCW 18.20.280; notification to the person 9 or persons identified in RCW 70.129.030 when there are changes in the 10 resident's condition or when the boarding home is aware that both the 11 12 primary and alternate plan are not implemented; and appropriately 13 responding to obtain needed assistance when there are observable or 14 reported changes in the resident's physical or mental functioning.
- NEW SECTION. Sec. 7. A new section is added to chapter 18.20 RCW to read as follows:
  - (1) The boarding home licensee shall conduct a preadmission assessment for each resident applicant. The preadmission assessment shall include the following information:
    - (a) Medical history;

19 20

21

24

25

28

29

32

33

34

3536

37

- (b) Necessary and contraindicated medications;
- (c) A licensed medical or health professional's diagnosis, unless the individual objects for religious reasons;
  - (d) Significant known behaviors or symptoms that may cause concern or require special care;
- 26 (e) Mental illness diagnosis, except where protected by 27 confidentiality laws;
  - (f) Level of personal care needs;
  - (g) Activities and service preferences; and
- 30 (h) Preferences regarding other issues important to the resident 31 applicant, such as food and daily routine.
  - (2) The boarding home licensee shall complete the preadmission assessment before admission unless there is an emergency. If there is an emergency admission, the preadmission assessment shall be completed within five days of the date of admission. For purposes of this section, "emergency" includes, but is not limited to: Evening, weekend, or Friday afternoon admissions if the resident applicant would

otherwise need to remain in a licensed hospital, nursing facility, adult family home, an unsafe home environment, or be without adequate and safe housing.

4 5

6 7

8

9

12

13

1415

16

17

18 19

20

2324

2526

27

28

2930

(3) The boarding home licensee shall complete an initial resident service plan upon move-in to identify the resident's immediate needs and to provide direction to staff and caregivers relating to the resident's immediate needs. The initial resident service plan shall be based upon any information, under subsection (1) of this section, that can be obtained upon move-in.

NEW SECTION. Sec. 8. A new section is added to chapter 18.20 RCW to read as follows:

- (1) The boarding home licensee shall within fourteen days of the resident's date of move-in, unless extended by the department for good cause, and thereafter at least annually, complete a full reassessment addressing the following:
- (a) The individual's recent medical history, including, but not limited to: A health professional's diagnosis, unless the resident objects for religious reasons; chronic, current, and potential skin conditions; known allergies to foods or medications; or other considerations for providing care or services;
- 21 (b) Current necessary and contraindicated medications and 22 treatments for the individual, including:
  - (i) Any prescribed medications and over-the-counter medications that are commonly taken by the individual, and that the individual is able to independently self-administer or safely and accurately direct others to administer to him or her;
  - (ii) Any prescribed medications and over-the-counter medications that are commonly taken by the individual and that the individual is able to self-administer when he or she has the assistance of a resident-care staff person; and
- (iii) Any prescribed medications and over-the-counter medications that are commonly taken by the individual and that the individual is not able to self-administer;
- 34 (c) The individual's nursing needs when the individual requires the services of a nurse on the boarding home premises;
- 36 (d) The individual's sensory abilities, including vision and 37 hearing;

p. 11 SSB 6225

(e) The individual's communication abilities, including modes of expression, ability to make himself or herself understood, and ability to understand others;

- (f) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: History of substance abuse; history of harming self, others, or property, or other conditions that may require behavioral intervention strategies; the individual's ability to leave the boarding home unsupervised; and other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the boarding home;
- (g) The individual's special needs, by evaluating available information, or selecting and using an appropriate tool to determine the presence of symptoms consistent with, and implications for care and services of: Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws; developmental disability; dementia; or other conditions affecting cognition, such as traumatic brain injury;
- (h) The individual's level of personal care needs, including: Ability to perform activities of daily living; medication management ability, including the individual's ability to obtain and appropriately use over-the-counter medications; and how the individual will obtain prescribed medications for use in the boarding home;
- (i) The individual's activities, typical daily routines, habits, and service preferences;
- (j) The individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort; and
- (k) Who has decision-making authority for the individual, including: The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future; the presence of any legal document that establishes a current substitute decision maker; and the scope of decision-making authority of any substitute decision maker.
- 37 (2) Complete a limited assessment of a resident's change of

- 1 condition when the resident's negotiated service agreement no longer
- 2 addresses the resident's current needs.

7

8

9

10 11

12

- NEW SECTION. Sec. 9. A new section is added to chapter 18.20 RCW to read as follows:
  - (1) The boarding home licensee shall complete a negotiated service agreement using the preadmission assessment, initial resident service plan, and full reassessment information obtained under sections 7 and 8 of this act. The licensee shall include the resident and, unless the resident objects, the resident's legal representative if available, or the resident's representative, in the development of the negotiated service agreement. If the resident is a medicaid client, the department's case manager shall also be involved.
- 13 (2) The negotiated service agreement shall be completed or updated:
- 14 (a) Within thirty days of the date of move-in;
- 15 (b) As necessary following the annual full assessment of the 16 resident; and
- 17 (c) Whenever the resident's negotiated service agreement no longer 18 adequately addresses the resident's current needs and preferences.
- 19 <u>NEW SECTION.</u> **Sec. 10.** A new section is added to chapter 18.20 RCW 20 to read as follows:
- The boarding home licensee may permit the resident, or the resident's legal representative, to independently arrange for or contract with a person or a home health, hospice, or home care agency licensed under chapter 70.127 RCW, to provide care and services to the resident, consistent with RCW 18.20.260.
- NEW SECTION. Sec. 11. A new section is added to chapter 18.20 RCW to read as follows:

28 By December 12, 2005, the department shall report on the payment 29 system for licensed boarding homes to the chairs of the senate and house of representatives health care committees. The department shall 30 include in the report findings regarding the average costs of providing 31 care and services for the nonmetropolitan statistical areas, 32 metropolitan statistical areas, and King county to determine whether 33 34 the rates of payment within the designated areas are, on average, 35 reasonably related to the identified average costs. The cost data is

p. 13 SSB 6225

- exempt from disclosure as provided in section 17 of this act. The purpose of this cost-to-rate comparison study is to assess any cost
- 3 impacts that may be attributed to the implementation of new boarding
- 4 home rules occurring between September 1, 2004, and June 30, 2005. If
- 5 the department adopts new boarding home rules after June 30, 2005, the
- 6 report to the chairs of the senate and house of representatives health
- 7 care committees will instead be due by December 12, 2006.
- 8 **Sec. 12.** RCW 18.20.160 and 1985 c 297 s 2 are each amended to read 9 as follows:

No person operating a boarding home licensed under this chapter 10 11 shall admit to or retain in the boarding home any aged person requiring nursing or medical care of a type provided by institutions licensed 12 under chapters 18.51, 70.41 or 71.12 RCW, except that when registered 13 nurses are available, and upon a doctor's order that a supervised 14 medication service is needed, it may be provided. 15 16 medication services, as defined by the department and consistent with 17 chapters 69.41 and 18.79 RCW, may include an approved program of selfmedication or self-directed medication. Such medication service shall 18 19 be provided only to ((boarders)) residents who otherwise meet all 20 requirements for residency in a boarding home. No boarding home shall admit or retain a person who requires the frequent presence and 21 frequent evaluation of a registered nurse, excluding persons who are 22 receiving hospice care or persons who have a short-term illness that is 23 expected to be resolved within fourteen days. 24

- 25 **Sec. 13.** RCW 18.20.290 and 2003 c 231 s 11 are each amended to 26 read as follows:
  - (1) When a boarding home contracts with the department to provide adult residential care services, enhanced adult residential care services, or assisted living services under chapter 74.39A RCW, the boarding home must hold a medicaid eligible resident's room or unit when short-term care is needed in a nursing home or hospital, the resident is likely to return to the boarding home, and payment is made under subsection (2) of this section.
- 34 (2) The medicaid resident's bed or unit shall be held for up to 35 twenty days. The per day bed or unit hold compensation amount shall be 36 seventy percent of the daily rate paid for the first seven days the bed

SSB 6225 p. 14

27

2829

30

31

32

33

or unit is held for the resident who needs short-term nursing home care or hospitalization. The rate for the eighth through the twentieth day a bed is held shall be established in rule, but shall be no lower than ten dollars per day the bed or unit is held.

- (3) The boarding home may seek third-party payment to hold a bed or unit for twenty-one days or longer. The third-party payment shall not exceed ((eighty-five percent of)) the ((average)) medicaid daily rate paid to the facility for the resident. If third-party payment is not available, the medicaid resident may return to the first available and appropriate bed or unit, if the resident continues to meet the admission criteria under this chapter.
- (4) The department shall monitor the use and impact of the policy established under this section and shall report its findings to the appropriate committees of the senate and house of representatives by December 31, 2005.
  - (5) This section expires June 30, 2006.

- **Sec. 14.** RCW 74.39A.009 and 1997 c 392 s 103 are each amended to 18 read as follows:
- 19 Unless the context clearly requires otherwise, the definitions in 20 this section apply throughout this chapter.
- 21 (1) "Adult family home" means a home licensed under chapter 70.128 22 RCW.
  - (2) "Adult residential care" means services provided by a boarding home that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.020 to provide personal care services.
  - (3) "Assisted living services" means services provided by a boarding home that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services, and the resident is housed in a private apartment-like unit.
- 32 (4) "Boarding home" means a facility licensed under chapter 18.20 33 RCW.
- 34 (5) "Cost-effective care" means care provided in a setting of an 35 individual's choice that is necessary to promote the most appropriate 36 level of physical, mental, and psychosocial well-being consistent with 37 client choice, in an environment that is appropriate to the care and

p. 15 SSB 6225

- safety needs of the individual, and such care cannot be provided at a lower cost in any other setting. But this in no way precludes an individual from choosing a different residential setting to achieve his or her desired quality of life.
  - (6) "Department" means the department of social and health services.

- (7) "Enhanced adult residential care" means services provided by a boarding home that is licensed under chapter 18.20 RCW and that has a contract with the department under RCW 74.39A.010 to provide personal care services, intermittent nursing services, and medication administration services.
- (8) "Functionally disabled person" is synonymous with chronic functionally disabled and means a person who because of a recognized chronic physical or mental condition or disease, including chemical dependency, is impaired to the extent of being dependent upon others for direct care, support, supervision, or monitoring to perform activities of daily living. "Activities of daily living", in this context, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities as they are related to the mental capacity to perform activities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.
- (9) "Home and community services" means adult family homes, in-home services, and other services administered or provided by contract by the department directly or through contract with area agencies on aging or similar services provided by facilities and agencies licensed by the department.
- (10) "Long-term care" is synonymous with chronic care and means care and supports delivered indefinitely, intermittently, or over a sustained time to persons of any age disabled by chronic mental or physical illness, disease, chemical dependency, or a medical condition that is permanent, not reversible or curable, or is long-lasting and severely limits their mental or physical capacity for self-care. The use of this definition is not intended to expand the scope of services, care, or assistance by any individuals, groups, residential care settings, or professions unless otherwise expressed by law.

1 (11) "Nursing home" means a facility licensed under chapter 18.51 2 RCW.

3

9

10

11

12

13

14

17

20

24

2526

27

30

31

32

33

34

35

- (12) "Secretary" means the secretary of social and health services.
- 4 (13) "Tribally licensed boarding home" means a boarding home licensed by a federally recognized Indian tribe which home provides services similar to boarding homes licensed under chapter 18.20 RCW.
- 7 **Sec. 15.** RCW 74.39A.020 and 1995 1st sp.s. c 18 s 15 are each 8 amended to read as follows:
  - (1) To the extent of available funding, the department of social and health services may contract for adult residential care ((and enhanced adult residential care)).
  - (2) The department shall, by rule, develop terms and conditions for facilities that contract with the department for adult residential care ((and enhanced adult residential care)) to establish:
- 15 (a) Facility service standards consistent with the principles in 16 RCW 74.39A.050 and consistent with chapter 70.129 RCW; and
  - (b) Training requirements for providers and their staff.
- 18 (3) The department shall, by rule, provide that services in adult 19 residential care ((and enhanced adult residential care)) facilities:
  - (a) Recognize individual needs, privacy, and autonomy;
- 21 (b) Include personal care ((and limited nursing services)) and 22 other services that promote independence and self-sufficiency and aging 23 in place;
  - (c) Are directed first to those persons most likely, in the absence of adult residential care ((and enhanced adult residential care)) services, to need hospital, nursing facility, or other out-of-home placement; and
- 28 (d) Are provided in compliance with applicable facility and 29 professional licensing laws and rules.
  - (4) When a facility contracts with the department for adult residential care ((and enhanced adult residential care)), only services and facility standards that are provided to or in behalf of the adult residential care ((or the enhanced adult residential care)) client shall be subject to the adult residential care ((or enhanced adult residential care)) rules.
- 36 (5) To the extent of available funding, the department may also 37 contract under this section with a tribally licensed boarding home for

p. 17 SSB 6225

- 1 the provision of services of the same nature as the services provided
- 2 by adult residential care facilities. The provisions of subsections
- 3 (2)(a) and (b) and (3)(a) through (d) of this section apply to such a
- 4 contract.

19

20

2122

2324

25

26

27

28

2930

31

32

33

34

- 5 **Sec. 16.** RCW 70.129.110 and 1997 c 392 s 205 are each amended to read as follows:
- 7 (1) The facility must permit each resident to remain in the 8 facility, and not transfer or discharge the resident from the facility 9 unless:
- 10 (a) Except as provided in section 2 of this act, the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
  - (b) The safety of individuals in the facility is endangered;
- 14 (c) The health of individuals in the facility would otherwise be endangered;
- (d) The resident has failed to make the required payment for his or her stay; or
- 18 (e) The facility ceases to operate.
  - (2) All long-term care facilities shall fully disclose to potential residents or their legal representative the service capabilities of the facility prior to admission to the facility. If the care needs of the applicant who is medicaid eligible are in excess of the facility's service capabilities, the department shall identify other care settings or residential care options consistent with federal law.
  - (3) Before a long-term care facility transfers or discharges a resident, the facility must:
  - (a) First attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident <u>and except as provided in section 2 of this act;</u>
  - (b) Notify the resident and representative and make a reasonable effort to notify, if known, an interested family member of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand;
    - (c) Record the reasons in the resident's record; and
- 35 (d) Include in the notice the items described in subsection (5) of this section.

- (4)(a) Except when specified in this subsection <u>and as provided in</u> <u>section 2 of this act</u>, the notice of transfer or discharge required under subsection (3) of this section must be made by the facility at least thirty days before the resident is transferred or discharged.
  - (b) Notice may be made as soon as practicable before transfer or discharge when:
    - (i) The safety of individuals in the facility would be endangered;
    - (ii) The health of individuals in the facility would be endangered;
- 9 (iii) An immediate transfer or discharge is required by the 10 resident's urgent medical needs; or
- 11 (iv) A resident has not resided in the facility for thirty days.
- 12 (5) The written notice specified in subsection (3) of this section 13 must include the following:
  - (a) The reason for transfer or discharge;

6

7

8

14

15

20

2122

23

2425

2627

28

- (b) The effective date of transfer or discharge;
- 16 (c) The location to which the resident is transferred or 17 discharged;
- 18 (d) The name, address, and telephone number of the state long-term 19 care ombudsman;
  - (e) For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under part C of the developmental disabilities assistance and bill of rights act; and
  - (f) For residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the protection and advocacy for mentally ill individuals act.
- 29 (6) A facility must provide sufficient preparation and orientation 30 to residents to ensure safe and orderly transfer or discharge from the 31 facility.
- 32 (7) A resident discharged in violation of this section has the 33 right to be readmitted immediately upon the first availability of a 34 gender-appropriate bed in the facility.
- NEW SECTION. Sec. 17. A new section is added to chapter 42.17 RCW to read as follows:
- 37 Data collected by the department of social and health services for

p. 19 SSB 6225

- 1 the reports required by section 11 of this act and section 8, chapter
- 2 231, Laws of 2003, except as compiled in the aggregate and reported to
- 3 the senate and house of representatives, is exempt from disclosure
- 4 under this chapter.

NEW SECTION. Sec. 18. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately, except that sections 2 through 5, 8, 9, and 16 of this act take effect September 1, 2004.

--- END ---